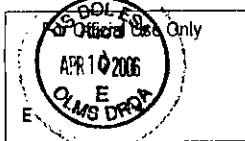


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6167	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Roy E Marshall P.O. Box, Bldg., Room No., if any Street 20 Blue Jay Drive City Washington State Pennsylvania ZIP Code + 4 15301	4. Name, file number, and address of labor organization. Name Teamsters Joint Council No. 40 Labor Organization File Number 006-351 P.O. Box, Building and Room Number, if any Suite 210 Street 910 Sheraton Drive City Mars State Pennsylvania ZIP Code + 4 16046-9440
5. Position in labor organization. Union Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 03/26/2006

Date

(724) 776-5144

Telephone Number

Name of Person Filing, Roy Marshall	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mondrian Investment Partners, LTD</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Two Commerce Square 3810</p> <p>Street 2001 Market Street</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19103-7039</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name W. Pa. Teamsters and Employers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 49 Auto Way</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 16026-3663</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Manager of Fund Assets</p>
	<p>11.b. Approximate dollar value of such dealing. \$50,000,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Following Trust Fund Meetings/ attendance of conference-investment managers share - 03/02/2005</p>
	<p>12.b. Amount. \$311</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

U. S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

March 26, 2006

Re: Form LM-30
Labor Organization Officer and Employee Report

Attached you will locate my personal LM-30 Report for the period of January 1, 2005 through December 31, 2005. The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30. If you have any questions or need any additional information please contact me.

A handwritten signature in black ink, appearing to read 'Roy E. Marshall', with a stylized flourish at the end.

Roy E. Marshall